Fill	in this informa	tion to identify ye	our case:							
Deb	tor 1	HAROLD WI	LSON		Check if this is: ■ An amended filing					
Deb	tor 2						· ·	ving postpetition chapter		
	ouse, if filing)						13 expenses as of			
Unit	ed States Bankr	uptcy Court for the	EASTE	MM / DD / YYYY						
	e number 20 nown))-11852								
Of	fficial Fo	rm 106J								
Sc	chedule	J: Your	Exper	nses				12/15		
Be info	as complete a	and accurate as	s possible eded, atta	. If two married people ar ich another sheet to this						
Par		ibe Your House	ehold							
1.	Is this a joir									
	■ No. Go to		in a conor	ata haysahald?						
☐ Yes. Does Debtor 2 live in a separate household?										
	□ N □ Y	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.			
2.	Do you have	e dependents?	■ No							
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?		
	Do not state	the						□ No		
	dependents	names.						Yes		
								□ No		
								☐ Yes ☐ No		
								☐ Yes		
								□ res □ No		
								☐ Yes		
3.	expenses of	penses include f people other t d your depende	han _—	No Yes						
exp	imate your ex	ate Your Ongoi openses as of y a date after the	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed the second	orm as a su e J, check tl	upplement in a Cha he box at the top o	pter 13 case to report f the form and fill in the		
the		h assistance an		government assistance in cluded it on <i>Schedule I:</i> Y			Your exp	enses		
4.		or home owners and any rent for th		uses for your residence. In or lot.	nclude first mortgag	e 4. §	.	860.00		
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a. S	:	0.00		
		rty, homeowner's	s, or renter	's insurance		4a. 3 4b. 3		0.00		
		•		upkeep expenses		4c. S		30.00		
		owner's associa				4d. S	·	0.00		
5.	Additional r	nortgage paym	ents for yo	our residence, such as ho	me equity loans	5. 9	5	0.00		

Utilities:				
Electricity, heat, natural gas		6a.	\$	0.00
6b. Water, sewer, garbage colle	ection	6b.	\$	0.00
6c. Telephone, cell phone, Inter	net, satellite, and cable services	6c.	\$	185.00
6d. Other. Specify: CABLE		6d.	\$	249.00
Food and housekeeping supplie	es	7.	\$	700.00
Childcare and children's educat	ion costs	8.	\$	40.00
Clothing, laundry, and dry clean	ing	9.	\$	75.00
Personal care products and serv	vices	10.	\$	70.00
-		11.	\$	150.00
Transportation. Include gas, mair	ntenance, bus or train fare.			
		12.	\$	180.00
Entertainment, clubs, recreation	, newspapers, magazines, and books	13.	\$	20.00
Charitable contributions and rel	igious donations	14.	\$	0.00
Insurance.				
Do not include insurance deducted	from your pay or included in lines 4 or 20.			
15a. Life insurance		15a.	\$	0.00
15b. Health insurance		15b.	\$	0.00
15c. Vehicle insurance		15c.	\$	180.00
15d. Other insurance. Specify:		15d.	\$	0.00
	cted from your pay or included in lines 4 or 20.			
	, , ,		\$	0.00
17a. Car payments for Vehicle 1		17a.	\$	0.00
17b. Car payments for Vehicle 2		17b.	\$	0.00
17c. Other. Specify:		17c.	\$	0.00
		17d.	\$	0.00
Your payments of alimony, mair	ntenance, and support that you did not repo	ort as		
			\$	0.00
Other payments you make to su	pport others who do not live with you.		\$	0.00
Specify:		19.		
Mortgages on other property	/	20a.	\$	0.00
20b. Real estate taxes		20b.	\$	0.00
20c. Property, homeowner's, or r	enter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and up	okeep expenses	20d.	\$	0.00
20e. Homeowner's association of	r condominium dues	20e.	\$	0.00
Other: Specify:		21.	+\$	0.00
• • -				7.00
	es			
			\$	2,739.00
22b. Copy line 22 (monthly expens	ses for Debtor 2), if any, from Official Form 106	6J-2	\$	
22c. Add line 22a and 22b. The re	esult is your monthly expenses.		\$	2,739.00
Coloulate varia see the see !				
		00	Φ.	0.400.00
				3,189.00
23b. Copy your monthly expense	s from line 22c above.	23b.	-\$	2,739.00
OO - Cultura et uscom es estable	form			
		230	\$	450.00
i ne resuit is your <i>monthly n</i>	et income.	230.	<u> </u>	
Do you expect an increase or de	ecrease in your expenses within the year af	ter vou file this	form?	
				ease or decrease because of
modification to the terms of your mortga		. 55-1		
■ No.				
— NO.				
	Food and housekeeping supplie Childcare and children's educat Clothing, laundry, and dry clean Personal care products and ser Medical and dental expenses Transportation. Include gas, main Do not include car payments. Entertainment, clubs, recreation Charitable contributions and rel Insurance. Do not include insurance deducted 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deduc Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Your payments of alimony, main deducted from your pay on line Other payments you make to su Specify: Other real property expenses no 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or r 20d. Maintenance, repair, and up 20e. Homeowner's association o Other: Specify: Calculate your monthly expense 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expense 22a. Add lines 4 through 21. 22b. Copy line 12 (your combine) 22a. Add lines 22a and 22b. The re Calculate your monthly net inco 23a. Copy line 12 (your combine) 23b. Copy your monthly expense 23c. Subtract your monthly expense	Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not repededucted from your pay on line 5, Schedule I, Your Income (Official Form 1) Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Calculate your monthly expenses 22a. Add lines 24 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly expenses for Debtor 2), if any, from Schedule I. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from your wonthly income. The result is your monthly income. The result is your monthly income. The result is your monthly income.	Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15c. Vehicle insurance 15d. Other insurance. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 0ther payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You aliment or lease taxes 20a. Montgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Montgages on other property 22c. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 21c above. 23c. Do you expect a	Food and housekeeping supplies Childcare and children's education costs Childcare and children's education costs S. \$ Clothing, laundry, and dry cleaning 9. \$ Personal care products and services 10. \$ Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations 14. \$ Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). Other payments you make to support others who do not live with you. Specify: 19a. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. \$ 20d. Maintenance, repair, and upkeep expenses 20d. Property, homeowner's, or renter's insurance 21d. Copy lin